



COMMONWEALTH OF KENTUCKY
Office of Housing, Buildings and Construction
DIVISION OF HVAC
101 Sea Hero Rd., Suite 100
Frankfort, Kentucky 40601-5405
(502) 573-0395 FAX (502) 573-1401



MASTER HVAC CONTRACTOR LICENSE

*Please type or print application. All questions must be answered on both sides of this application.
An application fee of \$250.00 needs to be submitted payable to Kentucky State Treasure.*

1. Name:

Last

First

MI

Address: _____

(Street, Route or Box Number)

City: _____ State: _____ Zip: _____

County: _____ Telephone: (_____) _____ - _____

Date of Birth: _____ / _____ / _____ Social Security number: _____ - _____ - _____

2. Company Name: _____

Address: _____

(Street, Route or Box Number)

City: _____ State: _____ Zip: _____

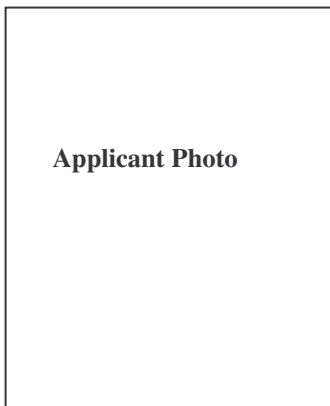
County: _____ Telephone: (_____) _____ - _____

3. Send Mail To: Company Address _____ Home Address _____

4. Examination Score Certificate enclosed: ☐ Yes Date of exam: _____
☐ No (If no, license cannot be issued until exam is passed.)

5. _____ Attached proof of general liability insurance. (Certificate of Insurance for general liability and property damage in an amount not less than \$800,000.) _____ Certificate not included, will be submitted later. (Upon receiving Certificate of Insurance a license will be issued.)

6. Attach a recent signed photograph below:



Applicant Photo

For Office Use Only

Date Received _____
Approved _____
Issue _____
Pending _____
Approved To Test _____
Board Review _____
Journeyman # _____
Issue & Status _____

7. Are you licensed as an HVAC Contractor in any other state?

_____ Yes _____ No

If yes, list each state and date you were first licensed. (Attach copy of license.)

_____ Date _____
_____ Date _____
_____ Date _____

8. Are you currently licensed as a Journeyman in Kentucky or in another state?

_____ Yes _____ No

If yes, list each state and date you were first licensed: (attach copy)

_____ Date _____
_____ Date _____
_____ Date _____

9. Total HVAC experience:

List the name and address of HVAC employers and dates of employment.

<u>Employer Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Phone number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder; refuse to issue or renew a license or certificate; or reprimand censure, or fine a licensee or certificate holder for any fraud or deceit in obtaining licensure or certificate, pursuant to KRS 198B.672 (1).

Applicant's Signature: _____

STATE OF _____

County of _____

The applicant, whose name is, _____, being duly sworn declares that foregoing statements subscribed to him are true to the best of his knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this _____ day of _____,

Notary Public _____

My Commission expires: _____